

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:

Company TXC Lease Bryant Well No. C #1

County Pratt Location NW NW NE Section 9 Township 29 Range 15 Acres

Field Spring Lake Reservoir Machotas Pipeline Connection Close Creek

Completion Date 4-19-85 Type Completion (Describe) Set through Ref. Plug-Back T.D. 4800 Packer Set At

Production Method: Type Fluid Production API Gravity of Liquid/Oil

Flowing Pumping Gas Lift

Casing Size 4 1/2 Weight I.D. Set At 4799 Perforations 4454 To 4466

Tubing Size 2 3/8 Weight I.D. Set At 4752 Perforations To

Pretest: Duration Hrs.

Starting Date Time Ending Date Time

Test: Duration Hrs.

Starting Date 9-11-85 Time 9:30 Ending Date 9-12-85 Time 9:30

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	Tubing:									
Bbls./In.	Tank Size	Number	Starting Gauge Feet	Inches	Barrels	Ending Gauge Feet	Inches	Barrels	Net Prod. Bbls. Water	Oil
Pretest:										
Test:	<u>300</u>	<u>1014</u>	<u>1</u>	<u>5 1/2</u>	<u>29</u>	<u>7</u>	<u>1 1/2</u>	<u>143</u>	<u>0</u>	<u>114</u>
Test:	<u>114 bbl - 113 bbl for #5 + #2 = 1 bbl</u>									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Pipe Taps:	Flange Taps:		Differential:		Static Pressure:		
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure In. Water In. Merc. Psig or (Pd)		Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover	<u>All Gas Being Used to Operate Lease Equipment</u>						
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia) (Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: 1 bbl Gas/Oil Ratio (GOR) = Cubic Ft. per Bbl.

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 12 day of September 19 85

For Offset Operator [Signature] For State [Signature] For Company [Signature]

STATE CORPORATION COMMISSION

SEP 16 1985

9-16-85